

Workforce Tools is a series of publications for people concerned with improving the quality and stability of the home- and community-based direct-care workforce. The Paraprofessional Healthcare Institute (PHI) produced this issue, under subcontract



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As more people living with disabilities choose to live in home- and community-based settings, the instability of the direct-care workforce is becoming an increasingly critical public policy issue. In response, CMS is funding research to help states develop a workforce that can support people living with disabilities and long-term illnesses. As part of the research effort, PHI is collecting resources to help state agencies, service providers, and individual consumers recruit, train, and retain home care and personal assistance workers. These resources are available in an on-line database at:

www.directcareclearinghouse.org/pas/index.jsp

The Right Start, which outlines standard training practices for direct-care workers, identifies training gaps, and provides examples of outstanding programs, is a tool to help agencies, individual consumers, and workers find and develop appropriate educational resources. An on-line version of this brief, with additional resources, is posted at:

www.directcareclearinghouse.org/download/rightstart.pdf

For more on current training requirements for direct-care workers and how public policy decisions affect training, see the forthcoming issue brief, "The Role of Training: Building a Stable and Qualified Direct-Care Workforce," authored by PHI and the Institute for the Future of Aging Services (IFAS) for the Department of Health and Human Services.

The Right Start

Preparing direct-care workers to provide home- and community-based care

Just over a million people work as home health aides, home care aides, or personal assistants, providing hands-on services and emotional support to Americans living with disabilities in home- and community-based settings. Another 750,000 direct support professionals serve people with developmental or intellectual disabilities who live in supportive settings. In addition, an unknown number of privately paid providers are hired directly by consumers as part of a largely undocumented "gray market."

There is little consistency in the training received by these workers. Except for one category of worker — home health aides who work for Medicare- or Medicaid-certified agencies — the federal government does not require any formal training or certification. States and individual employers may have their own requirements, but many workers get little or no formal training.

That variation may have its virtues: Standardized training cannot address the needs of every individual, and some consumer advocates say it can make workers less willing to accommodate consumers' personal preferences. On the other hand, too little training can leave workers without the skills they need to do the job well, and the lack of agreed-upon standards can make it difficult to determine what kind of education a worker needs for a particular job.

This publication is intended to help workers, employers, and policymakers examine training needs, learn about resources currently available, and consider what can be done to better prepare workers in the future. Quality training is essential to creating a more stable and valued workforce ready to provide support and assistance to people with increasingly complex needs.

1. The Benefits of Quality Training

Though there is little consensus about how much training personal assistants need or the content of that training, increasingly consumers, providers, and workers agree that quality training is an important step in stabilizing the direct-care workforce. Some researchers suggest that home- and community-based workers should receive more training than workers in nursing homes (who generally attend at least 75 hours of training), because home- and community-based workers often perform a wider range of tasks and their work is largely unsupervised.¹

Whether hired by an agency or directly by a consumer, workers want to feel confident that they are doing the job correctly and safely. In focus groups conducted in Pennsylvania, workers cited orientation and training as the number one issue affecting employee retention. The researchers noted that many workers leave the field within days of starting their first job because they don't feel prepared for the reality of direct-care work.² Evidence suggests that better-prepared workers feel more valued by their employers and more confident in their skills, and thus, they are more apt to remain committed to their jobs.

Some consumers who direct their own services contend that formal training can lead to “cookie-cutter” services, with workers insisting on doing tasks as they were taught rather than following the consumer’s direction. Others find that home health aide and certified nursing assistant training is too medically oriented, teaching workers to patronize people with disabilities or treat them as if they were ill. Yet even among those who direct their own care, agreement is growing that personal assistants need certain skills and aptitudes. The World Institute on Disability, for example, maintains that personal assistants need to be able to perform the following set of tasks:

- Personal maintenance and hygiene activities
- Mobility tasks
- Household maintenance tasks
- Cognitive and life management activities such as money management, planning, and decision-making
- Security-related services such as interpreting for people with hearing or speech difficulties.³

The advantages of ensuring that all workers have certain essential skill sets are numerous. First, if trained appropriately, workers have greater confidence and are more likely to stay on the job; second, workers with a core set of skills can more easily move from one setting to another, giving them greater flexibility and enlarging the labor pool for employers; and third, appropriate training enhances consumer safety while also instilling respect for consumers rights.

Quality training can improve other critical skills as well. For example, to successfully provide support, workers need to have good problem-solving and communication skills and to be sensitive to consumers’ desires and needs. Workers may also need specialized skills, such as how to assist people with cognitive impairments. Specialized training also allows workers to advance their careers by gaining new skills.

In order to ensure that workers have essential skills, it is important to consider the training needs of professional trainers and consumers who direct their own care. Training is only useful if it is delivered in ways that engage workers and help them integrate new knowledge and understanding. For self-directing consumers, learning to identify and communicate assistance routines, monitor performance of workers, and provide feedback is essential to establishing a successful relationship.

2. Standard Training Practices

Direct-care workers in home- and community-based settings go by many titles, but most fall into one of three broad categories, each with their own standard training practices:

Home health aides. Employed by Medicare- and Medicaid-certified agencies, these workers are trained to provide some health care services — for example, checking vital signs — under the supervision of a registered nurse. In addition, they help with activities of daily living (ADLs) such as bathing, dressing, eating, transferring, and toileting. They may also perform some light housekeeping tasks.

Home health aides are the only category of home-based direct-care worker required by federal law to pass a competency test.⁴ In addition, all providers are required by federal law to provide their home health aides with 12 hours of continuing education annually.⁵

To learn the necessary skills to pass the competency test, which range from basic communication and documentation to emergency procedures, transfer techniques, and personal care, most home health aides attend training programs that provide at least the federally required minimum of 75 hours of instruction, including 16 hours devoted to clinical skills. However, entry-level training is not required. As of 1996, nine states allowed certified providers to hire aides who had passed a competency exam without training.

Direct support professionals. This is the umbrella term for people who work with individuals with developmental or intellectual disabilities. Direct support professionals provide assistance with ADLs and other personal care and housekeeping needs. They also help consumers become better integrated into community life.

The federal government has no training requirements for direct support professionals. Most states require some training, but only a handful — including New Mexico, North Dakota, Oklahoma, California, and Kansas — provide statewide, regularly updated training curricula. The rest leave it up to providers and other organizations to develop materials and programs. Typically, direct support professionals receive from one to five days of classroom training in topics such as an introduction to developmental disabilities, emergency procedures, blood borne pathogens, consumer rights, CPR, and first aid.

Home care aides and personal assistants. Like home health aides, these workers usually provide help with ADLs and medication management, but they also help a great deal more with activities such as housekeeping, meal preparation, shopping, and bill paying. Their role is to help maintain the independence of their client as opposed to providing health-related services. They work mainly with people who have physical disabilities or diseases, or memory impairment due to dementia, though increasingly they provide support to persons with developmental disabilities through brokered support and self-determination programs. Services may be provided in the consumer’s home or in community-based settings such as group homes or assisted living.

There is no federal training requirement for these workers, but they may be required to obtain some training, depending on where they work and who pays for their services (payers include worker’s compensation, health insurance and HMOs, veteran’s and military benefits, Medicaid home- and community-based waivers, block grants, and other special funds).

Under the model commonly called “consumer-directed care,” the consumer (or a relative or other proxy for the consumer, if he or she is not capable of directing his or her

own care) decides what a worker needs to know and takes responsibility for supplying whatever training is needed. Usually the consumer provides the training directly, often by having a new worker observe and learn from an experienced worker.

A few independent living centers, regional agencies that support consumers who direct their own services, provide training for workers. The most common model is providing one-on-one training, involving both the consumer and support worker, usually at the consumer's home. In San Francisco, where a public authority administers the Medicaid-funded personal assistance program, workers can take a 25-hour free training course at a local community college (see **Resources**, p. 6). The Washington state public authority offers a similar program.

3. Bridging the Training Gaps

In a 2001 survey of literature about direct support professionals, authors Amy Hewitt and Charlie Lakin sum up the problems that plague much of the training available to the full range of direct support workers. They note that workers often say training is ineffective “because it is often repetitive and boring for employees who have considerable experience in the field, is too fast and not comprehensive enough for people who come to their new jobs with no experience and it rarely is focused on the specific characteristics and needs of the people the [direct support professional] has been hired to support.”⁶

Though training for many direct-care workers is not mandated, a number of employers, unions, consumer advocacy groups, and state agencies are beginning to invest more resources in workforce training. (For examples of innovative training programs, see **Voluntary Training**, right, or search the databases at www.directcareclearinghouse.org/practices/index.jsp or www.hcbs.org) Generally, these programs share one or more of the following features:

Adequate time to teach necessary skills, including clinical components of the curriculum and interpersonal, communication, and problem-solving skills. Traditional training programs, which are at most two weeks long, are often overloaded with clinical information while giving too little attention to skills such as how to communicate with consumers and their loved ones. This medical orientation tends to focus too much on tasks and not enough on building a quality relationship between the consumer and support provider.

Gaps in training are numerous. Rarely are workers taught how to handle delicate situations such as being asked to do something outside the job description, feeling threatened or sexually harassed by a consumer or a consumer's family member, or being unfairly accused of theft or abuse. In addition, there is typically little guidance on emotional challenges such as grieving for consumers who have died, organizational challenges such as prioritizing tasks, or the challenges of caring for someone from a different racial or ethnic background.

Voluntary Training Programs

Some professional associations and state governments have established credentialing systems as a way of defining a standard of care in fields that have no standard training requirements. Credentialing systems give workers a way to demonstrate expertise and develop a transferable set of skills.

The National Association for Home Care and Hospice sponsors a national certification program for home care aides through its Home Care University (www.nahc.org/HCU/credent.html). The program is composed of three competency-based elements: a 75-hour training course, a skills demonstration administered by a registered nurse, and a written exam. To order the curriculum, see **Resources**, p. 7.

The National Alliance of Direct Support Professionals has developed a national credentialing program for direct support professionals. The program is based on the Community Support Skills Standards (available on-line at www.cshse.org/community.html), a group of 12 broad knowledge and skill sets needed by workers, and is taught on-line. By completing courses through the Internet-based College of Direct Support (on-line at www.collegeofdirectsupport.com), workers can advance through several stages, becoming a support professional assistant, licensed support professional, certified direct support professional, and then supervisor while earning first an associate's and then a bachelor's degree.

Some states have their own credentialing programs for direct support professionals. The Massachusetts Department of Mental Retardation, for instance, offers a 21-credit Direct Support Certificate Program, which is taught at community colleges. Workers who complete the course get an increase in pay.

To improve interpersonal problem-solving skills, Home Care Associates of Philadelphia uses a model called the “Four Ps.” The curriculum breaks problem solving down into four concrete skills — Pull Back, Paraphrase, Present Options, and Problem Solve — that can be learned and practiced. Over time, trainees learn to resolve conflicts without allowing their emotions to get in the way of clear communication and effective solutions (see **Resources**, *Relational Skills Curriculum*, p. 7).

Trainers who are skilled in adult learner-centered teaching techniques. Traditional lecture formats fail to reach many trainees, who learn more easily through experiential activities such as role-plays and small group discussions. Skilled learner-centered educators engage students in problem-based activities that help them to retain new knowledge by

integrating it into their understanding of the world (for more on learner-centered teaching, see p. 5).

A beneficiary orientation. The best training programs emphasize accommodating the preferences of the beneficiary when providing support and assistance. A beneficiary orientation also should bridge the gap between formal support roles and the natural supports provided by family and friends. An effective way of communicating the perspective of the beneficiaries is to hire individuals who manage their own supports as trainers, or to invite them to participate in some training sessions.

On-the-job support. Inevitably, new direct-care workers encounter unexpected problems as they begin to care for real people. Support during the first few months of employment, from peers and supervisors, is critical to success. Peer support groups for workers providing consumer-directed care are an effective way to help workers become comfortable in their support role.

Collective Home Care, a home care agency in Massachusetts, pioneered a peer mentoring program for its home care aides. The program gives new employees, who often find their initial weeks on the job stressful, an opportunity to share concerns, strengthen their skills, and become fully comfortable with the agency's practices and policies. In addition, incumbent employees appreciate the opportunity for professional growth provided by peer mentoring.

Specialized and advanced skills. Many consumers have conditions such as dementia that require caregivers to have specialized skills, yet this training is often not available. The success of San Diego's George G. Glenner School of Dementia Care demonstrates that workers are more than willing to attend in-depth training programs that provide them with the skills they need to provide quality services — and that employers are willing to pay a premium for those skills.

Glenner's 16-week, 332-hour course is aimed at people with no direct-care experience, but it includes a 108-hour dementia care specialist unit that can be adapted for experienced workers. Students are prepared for work in a variety of settings. They practice their skills in adult day centers operated by the school's parent company while attending 184 hours of CNA training and 40 hours of home health aide training. The school's director says graduates are in high demand in the area, often getting signing bonuses or higher-than-average starting wages.

Language accessibility. Many potential direct-care workers do not speak English as their first language. Employers have overcome this problem by offering classes in the native language of immigrants in their city, providing English-language classes at the workplace, or helping new workers to access community-based language programs. In Massachusetts, the Extended Care Career Ladder Initiative (ECCLI) provided funds for long-term care employers to provide access to English as a Second Language (ESL) classes for employees.

In addition, some community organizations provide combined home care training and ESL courses (for example, Salem Harbor Community Development Corporation, www.shcdc.org/education.htm).

Standardized training. A few states have developed standardized curricula for certain categories of home- and community-based workers in order to improve the quality of support services. For example, California requires its direct support professionals to attend a two-year, 70-hour standardized statewide competency-based training program (www.dds.cahwnet.gov/DSPT/DSPT_main.cfm) or pass a test. Training is divided into two 35-hour segments with twelve modules each. The segments must be completed in successive years. Workers who pass a challenge test for either of the 35-hour training segments need not take that segment.

The best training programs try to integrate a number of the elements discussed here to provide a rich educational experience for participants. In seeking out training, look for programs that offer strong curricula taught in adult learner-centered environments. When designing training programs for employees, remember the importance of on-the-job support and language accessibility.

4. Striving for Excellence: Cooperative Home Care Associates

A worker-owned home care agency in the South Bronx, Cooperative Home Care Associates (CHCA) began training its own workers in 1987 after determining that traditional home health aide training programs failed to meet the needs of many trainees.

Over the last 15 years, CHCA has devoted significant resources to providing a rigorous program that offers trainees greater support, more problem-based learning experiences, and more time to develop strong communication and problem-solving skills than traditional 75-hour training programs. Along the way, the organization identified and filled gaps in its own training strategy, offering classes in Spanish for Latina immigrants, developing strong peer support systems, and formalizing on-the-job training.

Many of the elements of quality training discussed above are integral to CHCA's training program. These include:

- An enhanced four-week curriculum that emphasizes developing interpersonal problem-solving and communication skills in the context of learning standard health content and clinical skills;
- Three months of intensive on-the-job training following classroom training that includes regular contact with nurse supervisors, service delivery coordinators, and peer mentors;
- A learner-centered approach to teaching that uses small group discussions, problem-based activities, and role-plays to engage different types of learners and develop critical-thinking skills (see **Training the Trainers**, p. 5);

- Peer education and support that emphasizes learning from more experienced employees who often demonstrate skills, illustrate lessons with examples from their own experiences, and help trainees one-on-one in the classroom and during their first few weeks on the job; and
- An employment counselor who assists trainees in overcoming barriers to full-time employment by helping them access transitional public benefits and other supports such as English language classes.

Because of its quality training, CHCA is recognized as a leader in providing quality services to New York City residents. To learn more about this unique learner-centered training program, see *Training Quality Home Care Workers* (**Resources**, p. 7).

5. Training the Trainers

Quality training depends on skilled educators who are knowledgeable about direct care as well as the challenges of teaching. Both professional educators and consumer-employers who do their own training can benefit from training and support that improves teaching skills.

Learner-Centered Education

Most home care training relies heavily on readings and lectures, yet research on adult learning indicates that different people absorb information in different ways — some by seeing, others by hearing, and others by doing. Traditional methods of teaching, particularly with adult learners who may have language or literacy barriers, often make it difficult for students to process and integrate new information.

One of the most effective ways of improving the quality of classroom training for direct-care workers is to train educators in adult learner-centered techniques that accommodate a range of learning styles. These techniques include:

- Helping students use their own experiences and powers of induction to master a concept or solve a problem,
- Establishing an atmosphere of mutual trust and respect, where learners are willing to take risks and to help one another succeed,
- Making learning an active process, and
- Using a variety of techniques — from short presentations to group work to role plays — to ensure that different types of learners have multiple chances to absorb new ideas and skills.

Columbia University's Teachers College in New York City offers a master's program in Adult Learning and Leadership for teachers of adult learners. Other teaching colleges offer certificate programs, and some adult literacy and adult education programs offer workshops. Teachers without access to classes or workshops can find information in the library or on-line at sites such as www.infed.org/lifelonglearning/b-adedgn.htm.

Training Support for Self-Directed Consumers

For consumers who train their own workers, educating workers is a time-consuming and often frustrating task, and guidance is hard to find. Some independent living centers have begun to try to fill this gap. For example, Alpha One, which promotes independent living in Maine, provides a minimum of four hours of individualized training for consumers directing their own care, which includes help with designing training for new workers. Many consumers, however, must turn to friends and others living with disabilities or to books and manuals for support and ideas. Though this is helpful, more formal support is needed.

To support consumers training their own workers, state agencies or nonprofit organizations such as independent living centers could offer:

- Train-the-trainer classes that would help consumers practice skills such as how to communicate their assistance routine, how to plan a training program for a new worker, and how to provide feedback without putting the worker who made a mistake on the defensive. These classes could also address issues such as creating job descriptions, developing work contracts, or dealing with supervisory issues such as a worker who insists on doing a task differently from the way the consumer prefers.⁷
- Joint trainings for consumers and workers that would focus on communication, defining work agreements, and resolving problems together.
- Formalized peer support programs in which consumers who have experience managing their own assistants mentor those who are taking on this role for the first time or need assistance thinking through a problem.
- In-home visits by specialists who would consult with consumers about their assistance routines and then teach workers specific skills such as transfer techniques or catheter care. These visits would be especially helpful to consumers who need assistance teaching a clinical skill or those who have difficulty communicating. Consumers with developmental or mental disabilities might also call on specialized support — for example a behavioral consultant — to assist in training their new workers. Unfortunately, such visits are rarely covered by publicly funded programs.

Although most of the materials written for consumers about managing workers focus more on hiring and supervision than on training, a few include useful and detailed advice (see **Resources**, p. 6). In his book *Caregivers and Personal Assistants*, for instance, Alfred H. DeGraff devotes several pages to how to train new workers. Among other things, he advises consumers to “be yourself and be pleasant,” give clear and logical instructions, invite questions, and be sensitive to the “fine boundary line between the stage where [personal assistants] are still learning and need instruction, and the sudden transition to where they have

Training for Consumer-Directed Care

San Francisco's In-Home Supportive Services (IHSS) public authority, which administers a publicly funded program for self-directing consumers in San Francisco County, offers training for both workers and the consumers who train them.

An optional 25-hour training course at a local community college is free to all new direct-care workers hired by program participants. Five 5-hour segments cover such topics as communication, job readiness, universal precautions, and the basics of lifting.

The public authority also gives each worker a comprehensive handbook that covers not only topics such as how to participate in the IHSS worker registry or fill out an IHSS time sheet but also how to communicate effectively and develop and maintain good working relationships.

A companion manual for self-directing consumers, created by IHSS consumers, includes tips and sample forms for people training their own workers (see **Resources**, p. 6, for ordering information.)

sufficiently learned the routine, prefer to independently generate their own 'what's next' from memory, and actually resent your additional instruction."

6. Conclusion

Quality long-term care services depend on a stable, competent, and compassionate direct-care workforce. As more consumers with complex needs move into the community, workers will need adequate preparation to provide appropriate assistance and support. Without that training, frustrated workers are likely to leave their jobs, leaving behind consumers desperate to find replacements in an unforgiving marketplace.

A more comprehensive training system that provides both consistency and flexibility would benefit consumers and workers, as well as agency employers. To achieve the greatest impact, stakeholders and policymakers seeking to improve training resources may wish to consider incorporating the key features identified here as contributing to success: a learner-centered approach to teaching, soft skills development, on-the-job support, advanced training where appropriate, consumer orientation, and language accessibility. In addition, quality training requires support and education for trainers and consumers who direct their own care.

Though training by itself will not resolve the home- and community-based workforce crisis, in combination with adequate wages, opportunities for full-time work and career

advancement, and support for new workers, quality training can make a real difference. A skilled workforce is both more valued and more valuable, contributing to the quality of life of all those who rely on home- and community-based services.

Endnotes

1. See Jerry Ford and Jill Honor, "Job Satisfaction of Community Residential Staff Serving Individuals with Severe Intellectual Disabilities," *Journal of Intellectual & Developmental Disabilities*, 25 (4) (December 2000): 343-363. Also, Steven L. Dawson and Rick Surpin, *Direct Care Health Workers: The Unnecessary Crisis in Long-Term Care* (Aspen Institute, 2001).
2. *In Their Own Words: Pennsylvania's Frontline Workers in Long-Term Care* (Pennsylvania Intra-Governmental Council on Long-Term Care, February 2001).
3. In Raymond E. Glazier, "The Re-Invention of Personal Assistance Services," *Working Paper 5* (Abt Associates, April 2001).
4. Social Security Act, Sections 1819(b)(5) and 1819(a)(3).
5. Code of Federal Regulations; Title 42, Volume 3, Part 484.
6. Amy Hewitt and Charlie Lakin, *Issues in the Direct-Support Workforce and Their Connections to Growth, Sustainability, and Quality of Community Supports* (National Program Office on Self-Determination, 2001). On-line at: <http://rtc.umn.edu/downloads/hcfa.pdf>
7. CMS is funding PHI to produce a supervisory curriculum for consumers directing their own care. For more information on that curriculum, contact the National Clearinghouse on the Direct Care Workforce at info@directcareclearinghouse.org. Please also visit www.hcbs.org for additional resources.

Resources

Training Self-Directing Consumers

Managing Your Personal Assistance Services. San Francisco's In-Home Supportive Services (IHSS) 67-page handbook includes information relevant to any self-directing consumer. To order, call 415-243-4477 or download an order form at www.sfihsppa.org/consumer_handbook_order.pdf

Caregivers and Personal Assistants: How to Find, Hire and Manage the People Who Help You (Or Your Loved One!), by Alfred H. DeGraff (Saratoga Access Publications, revised edition, 2002), offers detailed advice on issues related to training. DeGraff, a spinal cord-injured tetraplegic, bases this book in part on his own experience.

How to Manage Your Personal Care Attendants. Produced by Alpha One, which facilitates consumer-directed personal care services for adults in Maine, this handbook includes sections

on training, transfers, and universal precautions as well as sample job evaluation forms. To order, e-mail info@alphaonenow.com or call 207-767-2189.

Managing Support Relationships: Working with People Who Assist You focuses on hiring, training, supervising, monitoring, and providing feedback to workers. Forthcoming from Oregon Health and Science University Center for Self-Determination. For more information, call 503-232-9154 (voice/TTY).

Consumer Direction in Personal Assistance (InfoUse, 2003), for agencies training personal assistance workers, a series of four videos with learning guides, covering: consumer direction, health and safety, communication, and rights and responsibilities. Also available on interactive CD-Rom. For information, go to: www.disabilitytraining.com/pacs.html

Training Home Health Aides and Home Care Aides

For an extensive list of resources for training home care aides, compiled by the Iowa Department of Public Health, visit www.idph.state.ia.us/common/pdf/ch/hcapreserv.pdf

A Model Curriculum and Teaching Guide for the Instruction of the Home Care Aide is used in the national home care aide certification program sponsored by the National Association for Home Care and Hospice (see p. 3). To order, visit www.nahc.org/Tango/Shop/shopping.html or call 202-547-3576.

Training Quality Home Care Workers (Paraprofessional Healthcare Institute, 2003) describes an enhanced entry-level training curriculum that uses adult learner-centered teaching techniques and focuses on “relational skills” such as communication and problem solving. Available through the National Clearinghouse on the Direct Care Workforce, 718-402-4138 (toll-free: 866-402-4138), or info@directcareclearinghouse.org

Relational Skills Curriculum: Teaching Communication and Problem-Solving Skills to Home Care Workers (forthcoming from the Paraprofessional Healthcare Institute) provides trainers with all the tools necessary to integrate the teaching

of communication and problem-solving skills into an entry-level training program. However, it can also be used for in-service or career advancement programs.

E-mail: info@directcareclearinghouse.org

Training Direct Support Professionals

Impact: Feature Issue on Direct Support Workforce Development (Winter 1998). Edited by Vicki Gaylord, Amy Hewitt, and Sheryl Larson, this special issue provides an overview of the training needs of direct support professionals and includes a description of the Community Support Skill Standards. Available on-line at: <http://ici.umn.edu/products/impact/104/default.html>

A Guide to High Quality Direct Service Personnel Training Resources (May 1997; HTML version published May 1999) was compiled by staff of the University of Minnesota’s Research and Training Center on Community Living Institute on Community Integration under the direction of Project Coordinators Amy Hewitt and Sheryl A. Larson and Director K. Charlie Lakin. This publication is designed to help agencies select and acquire high-quality training curricula for direct support workers or their trainers. Access on-line at <http://134.84.215.92/resource/> or order by calling 612-624-4512.

Resources for Learner-Centered Education Activities

The Adult Learner, Definitive Classic in Adult Education and Human Resource Development, by Malcolm Knowles et al. (Gulf Professional Publishing, 5th edition, 1998) explores both learning theory and practical aspects of building an adult learner program.

Learner-Centered Teaching: Five Key Changes to Practice, by Maryellen Weimer (Jossey-Bass, 2002) is geared toward college educators but is an accessible and informative discussion of how to implement the learner-centered approach.

101 Ways To Make Training Active, by M. Silberman and K. Lawson (Jossey-Bass/Pfeiffer, 1995) provides specific exercises that can be adapted for home care training.

For more information about *Research on the Availability of Personal Assistance Services*, contact:

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Suggestions for State Policymakers to Improve Educational Resources

Home- and community-based direct-care work is physically and emotionally demanding. It is also unpredictable, as every consumer and every situation is different. Preparing workers for those demands and giving them the skills they need is one of the main challenges facing the organizations and individuals who employ direct-care workers as well as for policy-makers responsible for designing and managing the system to ensure the provision of quality services.

This brief is one you can use to help your constituents find high-quality educational programs and materials and understand the issues involved in preparing people for direct-care work. More information is available through the National Clearinghouse on the Direct Care Workforce (go to www.directcareclearinghouse.org and click on entry-level training); the database of home- and community-based resources (www.hcbs.org); and the Practice Profile database, compiled as part of this CMS-funded project (www.directcareclearinghouse.org/pas/index.jsp).

You may also wish to consider instituting programs or initiating activities that support the development of a stable, qualified home- and community-based workforce. Possibilities include:

- Develop a directory of your state's training resources, including state-sponsored activities as well as private efforts by providers, community colleges, the Red Cross, and other educators.
- Encourage the development of partnerships between Workforce Investment Boards, local providers, community colleges, and other workforce development agencies to expand the availability of training and strengthen the curricula. Massachusetts' Extended Care Career Ladder Initiative took this approach, with some success (see *Extended Care Career Ladder Initiative (ECCLI) Round 2: Evaluation Report*, by Randall Wilson et al., January 2003. Available on-line at: www.directcareclearinghouse.org/download/rwp03_006_eaton_rev2.pdf).
- Promote links between introductory training programs for direct-care workers and English as a Second Language (ESL) programs.
- Develop a standardized "core training" curriculum that applies to all settings and programs. Such a curriculum might include basic clinical skills like universal precautions, emergency and first aid procedures, and safe lifting as well as "relational" skills such as communication and problem solving. It could be augmented by modules specific to a particular setting, disability, or disease. As part of the Better Jobs Better Care national demonstration program (www.bjbc.org), Pennsylvania is currently working on such an initiative.
- Re-examine training requirements for home health aides and consider requiring more than 75 hours of training, including more time for clinical and relational skills.
- Encourage independent living centers and other agencies to offer classes for consumers who direct their own services in how to train and supervise workers.
- If your budget will allow it, pay for train-the-trainer classes, and/or pay for clinical specialists and experienced personal assistants to help train new workers for consumers whose services are government funded.